

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER


CONTRACT PO NUMBER 2895698
STANDARD PO NUMBER 2895699


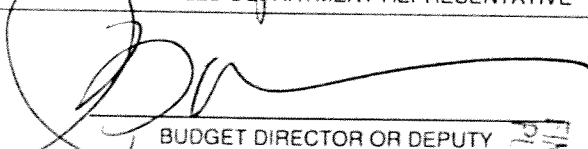

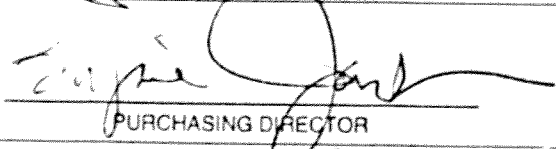
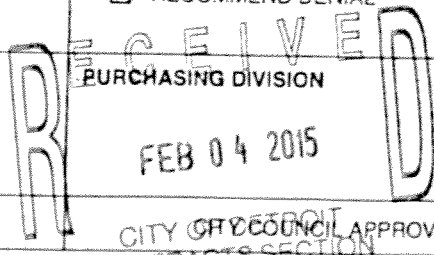
REVISION 01

REVISION 01

Insurance Requirement

ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SANDRA O'NEAL	PHONE NO. 224-9976
CONTRACTOR'S NAME OPERATION GET DOWN		DATE PREPARED 11-5-14	
CONTRACTOR'S ADDRESS: 10100 HARPER DETROIT, MI 48213		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE TOTAL CONTRACT AMOUNT \$ 200,000.00 TOTAL CPO AMOUNT \$ 100,000.00 CHANGE AMOUNT \$ 100,000.00	
PHONE NO. (313) 921-9422 x221		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-2036469		MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: HOMELESS SERVICES			
CHARGE ACCOUNT: 2001-366315-787614-651147-11839-00000			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	01-16-15
JAN 6 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	FEB - 3 20
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	15 FEB - 6 AM 11:50
FEB U 4 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	2/4/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL CORPORATION COUNSEL	2/5/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div> CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT </div> <div> APPROVAL JCC REFERENCE: PAGE _____ DATE 1 FEB 24 2015 </div> </div>		

P & DD 4434
CPO# 2895698
SPO # 2895699

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895698

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of **November, 2014**, between **Operation Get Down**, the "Subrecipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement **CPO No. 2895699**, dated **October 1, 2013**, between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

WHEREAS, the Subrecipient and the City did heretofore enter into the Agreement to provide Homeless Public Services to residents of the City of Detroit; and

WHEREAS, said Agreement can be modified pursuant to Article 13 thereof; and

WHEREAS, the term of the Agreement is from **October 1, 2013 through December 31, 2015**; and

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **twelve (12) months up to and including December 31, 2016 with an increase in compensation in the amount of ONE HUNDRED THOUSAND AND 00/100 DOLLARS (\$100,000.00)**;

NOW, THEREFORE, in consideration of the premises, the mutual undertakings and benefits to accrue to the parties and to the public, the parties hereto agree that this Agreement is amended in the following manner:

That Article 3.01 which reads:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be **from October 1, 2013 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

Is Amended to read:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be **from October 1, 2013 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

That Article 5.01, which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **One Hundred Thousand and 00/100 DOLLARS (\$100,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made apart hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The city agrees to pay the Subrecipient an amount up to **TWO HUNDRED THOUSAND and 00/100 (\$200,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

That all other terms and conditions and covenants of the Agreement shall remain in full force and effect as set forth therein; and

In the event of any conflict, inconsistency or incongruity between the provisions of this Amendment and any of the provisions of the Agreement, the provisions of this Amendment shall in all respects govern and control.

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2895698 CO#01 (SPO# 2895699) as of the date first above written.

WITNESSED BY:

1. [Signature]
2. [Signature]

SUBRECIPIENT:

By: [Signature]
(Signature of Corporate Officer)
Its: CEO
(Office Held)

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 30 day of Oct, 2014, by SANDRA BOMAR PARKER, the CEO of Operation Get Down Inc, a Michigan non profit Corporation on behalf of the Corporation.
(Name of Corporate Officer) (Office Held) (Michigan Non-profit)

[Signature]
Notary Public

My commission expires 7-5-18

WITNESSES:

1. [Signature]
2. [Signature]

CITY OF DETROIT

By: [Signature]
THOMAS LEWAND
Its: GROUP EXECUTIVE

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON FEB 24 2015

[Signature]
Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT

[Signature] 2/5/15
Corporation Counsel Date

* This Amendment Agreement is not valid or authorized until approved by resolution of the City Council and signed by the Purchasing Director of the City of Detroit.

RESOLUTION OF CORPORATE AUTHORITY I, Imani Humphrey,
CORPORATE SECRETARY of **Operation Get Down, Inc.**, a Michigan Corporation (the
"Company"), DO HEREBY CERTIFY that the following is a true and correct excerpt from
the minutes of the meeting of the Board of Directors duly called and held on
Oct 30, 2014, and that the same is now in full force and effect:

I FURTHER CERTIFY that:

<u>Daerell Gorth</u>	is Chairman of the Board,
<u>Sandra Boman Parker</u>	is Executive Director,
_____	is President,
<u>open</u>	is Vice President,
<u>Imani Humphrey</u>	is Treasurer,
and <u>Imani Humphrey</u>	is Secretary.

"RESOLVED, that the following are authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval."

_____	Title/Position
_____	_____ Title/Position
_____	_____ Title/Position
_____	_____ Title/Position
_____	_____ Title/Position
_____	_____ Title/Position
and _____	_____ Title/Position

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Agreement
_____ between the City of Detroit and **Operation Get Down, Inc.**, entered into for the purpose of providing Public Services and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 30 day of Oct,
2014.

CORPORATE SEAL
(if any)

Signature: Imani Humphrey
Corporate Secretary

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 16 day of January, 2015, by **Thomas Lewand**, the Group Executive of the City of Detroit, Michigan, a municipal corporation. ~~_____~~

KAREN M. BEAVER
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Jun 21, 2018
ACTING IN COUNTY OF Wayne

Karen M. Beaver
Notary Public, Wayne County, Michigan

My commission expires: 6/21/2018

EXHIBIT A
SCOPE OF SERVICES
Operation Get Down, Inc.
Community Development Block GrantFY 2014 – 2015

During the term of this Agreement, the Subrecipient, **OPERATION GET DOWN, INC.** shall provide public service homeless activities herein called the "Project" in order to provide Emergency Shelter for the residents of the City of Detroit.

1. GENERAL REQUIREMENTS

- A. For so long as this Agreement remains in full force and effect, the Subrecipient shall operate an emergency shelter located at 10100 Harper Ave, Detroit, Michigan. "Homeless," as used herein, mean individuals who are poor and have no access to either traditional or permanent housing. Pursuant to 24 CFR 576.73(d), the Subrecipient shall notify and request prior approval of the City before closing down, moving or changing the location(s) of the emergency shelter(s) funded hereunder. No change in location or closure may be undertaken without approval of the City.
- B. The Subrecipient shall maintain the shelter premises in a safe and sanitary condition, in accord with local health, fire and safety codes. The Subrecipient shall comply with all applicable requirements of the City of Detroit Ordinance pertaining to licensing of emergency shelters and shall obtain a Buildings, Safety and Engineering Department of the City of Detroit. The Subrecipient shall renew such license annually.
- C. The Subrecipient shall, to the extent feasible, give assistance to homeless individuals related to essential support services necessary for achieving independent living. To the maximum extent practicable, homeless families and individual shall be involved in the operation, maintenance, rehabilitation or provision of services at shelter facilities. The Subrecipient shall submit to the City its action plan for such involvement, to the extent practical, of homeless families and individuals in its operation, maintenance, rehabilitation or provision of services for shelter facilities funded hereunder, as applicable.
- D. No rent or any fees shall be charged to homeless persons for emergency shelter or emergency shelter supportive services hereunder. However, the Subrecipient may install pay phones and/or coin laundry services on the shelter premises if the City approves them in writing as reasonable, necessary and not constituting a hardship for homeless clients of the shelter.
- E. The Subrecipient may not accept food stamps from homeless clients, or require homeless clients to other relinquish food stamps, whether for food or not, unless licensed to do so by the U.S. Dept of Agriculture.
- F. Projected shelter service levels during the term of this Agreement shall at minimum strive to meet the goal of providing shelter and support services to an average of sixty homeless individuals monthly. The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved in writing by the City. The Subrecipient shall immediately notify the City of any anticipated change in location.
- G. The Subrecipient shall also provide, for shelter clients, access to, or referral to, services performed by other agencies that deal with housing placement services, education, employment and emergency health care or other forms of public or private assistance as maybe available for homeless persons.

H. The Subrecipient shall keep records documenting the number of homeless clients served and statistical and/or other narrative data about essential support service levels, including any demographic information as may be required herein or in Exhibit E hereof. This information shall be reported monthly to the City on or before the 15th of each succeeding month during the term of this Agreement.

I. In accord with the Cranston-Gonzalez National Affordable Housing Act, the Subrecipient may terminate assistance to any individual or family that violates program requirements if such termination is in accordance with a formal process for termination of assistance as established by the Subrecipient. The Subrecipient's formal process for termination shall recognize the rights of individuals affected and may include a hearing. The Subrecipient shall submit its formal termination process and shelter rules to the City's Homeless Coordination Department for review.

J. The requirements of paragraph B herein as it pertains to licensing, and of paragraph D with respect to rent charges or fees, do not apply to all or any part of the project that constitutes transitional housing. Transitional housing is defined as a form of longer term rental housing (stays of from six months to up to two years allowable) in which intensive supportive services are provided to meet special needs of homeless persons in an effort to assist them in becoming self-sufficient. Facilities providing only short term client stays of less than sixty days and/or providing only basic supportive services (food, laundry, hygiene needs, short term counseling, sleeping space, but no other intensive service) does not qualify as transitional housing for purposes regarding whether a facility is or is not, transitional housing, the determination of the City shall govern.

2. CDBG NATIONAL OBJECTIVE CRITERIA

This Project will meet the Community Development Block Grant national objectives in the following way:

The Subrecipient will gather and maintain records with appropriate information to show that clients are exclusively, 100%, low/moderate income persons or that in all cases where another agency's income and intake criteria are used by the Subrecipient, those limits are equivalent to or stricter than HUD income limits.

This project serves all persons in the area within the City of Detroit encompassing Census Tracts 5041, 5042, 5043, 5044, 5045, 5046 and the street boundaries Mack, north, fort street, south, eight mile, east and five point, west. The percentage of low income and moderate person is 75%.

___ Persons living with AIDS

The Subrecipient shall make and maintain such data and records as required the City and as necessary for the reports required in Exhibit E and F hereof. Such records shall identify project participants and/pr beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The Subrecipient shall maintain all records taking care to treat participant personal or income information with due respect for confidentiality.

3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall perform a needs assessment to determine services to be provided to homeless individuals during their stay in the shelter. All clients will receive case management services, substance abuse counseling, life skills, mental health services and appropriate housing referral. The Subrecipient will service clients thru direct pick-up and walk-in referrals. Referral are made to outside services such as Detroit Central City for Mental Counseling and

Advantage Care that provide the client with needed medical attention and screening and free TB vaccinations. Case management services are done by skilled employee to assist the client in obtaining I.D and birth certificates to secure financial aid (i.e. food stamps, SSI) for all clients. In addition, I.D assist in securing employment with the Subrecipient address uses as their resident.

All clients receive the Subrecipient hope, to find housing and economic opportunities to sustain existence.

4. PERSONNEL

Personnel of the Subrecipient shall include (1) licensed counselors and (1) staff security. Qualified personnel shall perform the Services. Personnel performing trades, professional, health or food services, AS APPLICABLE, shall maintain the appropriate permits, licenses or other credentials as may be required by State or local law, job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

Operation Get Down, Inc ., has one location of service at 10100 Harper, Detroit, Michigan which is also the location of its Administration office. The Homeless project is City wide. The Subrecipient operates seven days a week with hours of 7am to 7am (24 hours).

To the extent possible, the Subrecipient shall provide a safe and healthy environment for Project activities hereunder. All applicable occupancy permits, fire inspection reports, elevator inspection reports, and/or other building or health code permits, licenses and certificates shall be posted in a conspicuous place on the Subrecipient's premises which constitute a base of operations for Project Services.

6. PERFORMANCE SCHEDULE

During the term of this Agreement the Subrecipient shall, at a minimum, provide 60__service units to a minimum of __45persons. On a monthly.

7. ANNUAL MEASURABLE PROJECT OUTCOME

The overall goal of this project is to accomplish the following measurable annual outcome:

Objective

1. Create suitable living environments
2. Provide decent affordable housing
3. Create economic opportunities / Job training

Outcome

1. Availability/accessibility / Homeless prevention
2. Affordability
3. Sustainability

Subrecipient objective:

- create economic opportunities
- and
- outcome:
Sustainability

will provide clients with required I.D and GED preparation to prepare and secure employment to create economic opportunities and stability.

OPERATION GET DOWN, INC
EXHIBIT B
CITY OF DETROIT COMMUNITY DEVELOPMENT BLOCK GRANT
2014-2015

				AMOUNT FROM OTHER FUNDING	2014-2015 FUNDING
PERSONNEL					
CASE MANAGER (40HRX10.80X52WKS)					\$22,464
FISCAL MANAGER (25.22X10HR/WKX52WKS)				\$13,114	
SECURITY MONITORING (\$8.15X2080hrs)					\$16,952
SECURITY MONITORING (\$8.15X2080hrs)				\$16,952	
EMPLOYER TAXES (@7.65)				\$2,300	\$3,015
FRINGES(WCOMP,LIFE MESC)				\$4,222	\$3,605
OPERATING EXPENSES					
BUILDING MAINT.					
CONSUMABLES				\$3,100	\$4,800
BUS TICKET				\$4,200	\$1,800
INSURANCE					\$700
TRANSPORTATION VEHICLE				\$8,900	\$2,000
SPEIFIC PROGRAM EXPENSES					\$6,889
UTILITIES					
FOOD				\$24,662	\$16,825
				\$22,550	\$20,950
TOTAL REQUESTED FROM CDBG					\$100,000

EXHIBIT N
CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY
EXCLUSION LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Subrecipient, Contractor
Subcontractor, or Principal
By: *Lee Donna Park*
Its: *CEO*
Date: *1/29/15*

Exhibit O
Certification Regarding Lobbying

The undersigned certifies, to the best of his knowledge or belief, that:

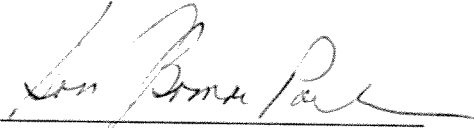
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Subrecipient Organization Name:

Authorized Representative's Signature: 

Printed Name: SANDRA BOMAR PARKER

Title: CEO

Date: 1/20/15

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: February 25, 2015

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

There were no contracts approved at the February 17, 2015 Session requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 24, 2015 and **APPROVED***

Reported by the Budget, Finance and Audit Committee:

2834380,Renew	Renkim Corporation	\$70,000 (total)	FINANCE- Assessmts.
Submitted in the List and Referred on February 17, 2015.			
2881148,Ext.	Preferred Building Services (Pub.Safe.Hdqrtrs)	\$316,884	FINANCE
Submitted in the List and Referred on February 17, 2015.			

Reported by the Internal Operations Committee:

2838910,Ext.	Limbach Company (MadisonCntr)	+ \$1257,956 to \$5,278,832	GENERAL SERVICE
Submitted in the List and Referred February 17, 2015.			
87063	Modeira Johnson (IT Support)	\$56,000	LAW
Submitted in the List and Referred February 17, 2015; Approved with <i>WAIVER</i> .			
2904553	Nationwide Envelope Specialist	\$210,576	ELECTIONS
Submitted in the List for February 24, 2015; Moved to New Business; Approved with <i>WAIVER</i> .			

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of February 24, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 24, 2015 and **APPROVED***

Reported by the Planning and Economic Development Committee:

2895698,Amend.1	Operation Get Down + \$100,000 to \$200,000	PLAN.& DEVELOPT
	Submitted in the List and Referred February 17, 2015.	

Reported by the Public Health and Safety Committee:

2901465	Michigan State Firemen's Assoc.	\$99,000	FIRE
	Submitted in the List and Referred February 10, 2015.		

*The following contracts were **REFERRED** on February 24, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee:

No Contracts Referred

Referred to Internal Operations Committee:

87096	Maurice Cox (Plan&Dev. Direct.)	MAYOR'S OFFICE
2900248	Fink & Associates	LAW
87020,Amend.	Douglas Baker	LAW
	Correction, Contract No. previously submitted 83847	
2888179,Amend.2	Aquarius Professional Staff	GENERAL SERVICES
	Correction, Original Amount of \$1,460,000	

Referred to Neighborhood and Community Services Committee:

2899715	Healthy Kidz (Tindal Rec.)	RECREATION
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Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of February 17, 2015

Page 3

*The following contracts were **REFERRED** on February 17, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Planning and Economic Development Committee:

2893862,Amend.1 Coalition on Temp.Shelt. PLAN.&DEVELOPMT

Referred to Public Health and Safety Committee:

2903755	Motorola Solutions	FIRE
2904514	R & R Fire Truck	FIRE
2881929,Amend.	Enterprise Uniform	MUNICIPAL PARKING
2901750	New Flyer	TRANSPORTATION
2821497,Ext.	PIE Management	ADMINIST. HEARINGS

Correction to add beginning date of Extension

Contracts that are currently HELD for review, discussion or report to the Standing Committees.

HELD in Internal Operations Committee

87073 Hagar Marcella Davis \$19,440 GENERAL SERVICES
Submitted in the List and Referred February 17, 2015; Committee approved 2-25.

87020,Amend.1 Douglas Baker + \$5,106 TO \$114,106 LAW
Submitted in the List and Referred February 17, 2015; Correction submitted 2-16; Tentatively appr. 2-25

2888170,Amend.2 Aquarius Professional Staff. + \$465,712 to \$1,925,712 GENERAL SERVICE
Submitted in the List and Referred February 17, 2015; Correction submitted 2-13.

87096 Maurice Cox \$17,400 MAYOR'S OFFICE
Submitted in the List and Referred February 24, 2015; Report requested from LPD.



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

Date: January 13, 2015

To: Trisha Stein

From: Zenola Holland
Purchasing Division

RE: Contract Number #

Amendment #1
1/15/15
Operation Get Down
2895698

The Purchasing Division has received the contract indicated above. It is the department's responsibility to ensure that all documents (clearances, insurance, etc.) are provided to the Purchasing Division. However, the following documentation must be provided before this contract can be submitted to City Council:

- OK* ☒ Signed City Council Review Checklist
- OK* ☒ Bid Tabulations or Evaluation Score Sheet (Must Have To Justify Competitive Bidding)
- OK* ☒ Revenue/Property Tax Clearance Expired 12-30-14
- OK* ☒ Income Tax Clearance
- OK* ☒ Human Rights Affidavit
- OK* ☒ Insurance Certificate—Needs Coverage for Automobile and Worker's Compensation and Employer's Liability and the City of Detroit needs to be named as additional insured
- OK* ☒ Employment Application (without reference to questions regarding a felony)
- OK* ☒ Slavery Era Affidavit */Hiring policy-OK*
- ☒ Other—Returned to the Department—Contract Incomplete

IT IS THE PURCHASING DIVISION'S POLICY TO RETURN ALL CONTRACTS THAT ARE INCOMPLETE.

If you have any further questions, please do not hesitate to contact me. I can be reached at 224-9235. Thank you, in advance, for your cooperation.

cc: Boysie Jackson, Chief Procurement Officer
File

Trisha Stein

PLANNING & DEVELOPMENT DEPARTMENT CONTRACT PROCESSING P & D 4434-01
This form must accompany the contract and be completed during processing through P&DD

Section One: (to be completed by contract manager)

Amendment #1

Date 11-5-14

Vendor Name Operation Get Down

Phone # (313)921-9422

Address: 10100 Harper, Detroit, Michigan 48213

RECEIVED

Ownership over 50% ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian ☒ White
☒ Male ☐ Female

JAN 09 2015

Organization Name: Operation Get Down

CITY OF DETROIT
PLANNING & DEVELOPMENT DEPT
BUDGET

Approp. # 11839 Organization # 366315 Object Code # 651147 HUD Activity #

Grantee APN: Advance \$ 0.00

Contract Amount \$200,000.00 ☒ Set-up ☐ Amendment Contract # CPO 2895698 SPO 2895699

Funding Source: ☒ CDBG ☐ HOME ☐ ESG ☐ HOPWA ☐ Other Federal ☐ State ☐ General Fund
☐ Bond ☐ Other Contract Type: ☒ Construction ☐ Service ☐ Supply

Contract Period: January 1, 2014–December 31, 2016 Contract Description: Homeless Public Service.

Contract Manager: Sandra O'Neal Section: Neighborhood Servicer Phone # 224-9976

Section Two: Approval Process

> Executive Manager: Compensation clause equals Budget ☐ Yes ☐ No Funds Available ☐ Yes ☐ No
In FY Consolidated Plan: Activity: \$ In Scope ☐ Yes ☐ No

Contract Monitoring approved boilerplate ☐ Yes ☐ No Cited exhibits included in contract ☐ Yes ☐ No

Signature:

Date: 1/9/15

> EEO/Labor Standards: Signature: N/A Date:

> Contract Monitoring: Signature: N/A Date:

> Contract Manager: (The following items are attached to the contract)

☒ Agreement Transmittal Record (C of D 979)

☒ Three copies of signed agreement/amendment

☐ Indirect cost proposal (if applicable)

☐ Clearances: ☐ Income Tax

☐ Property Tax

☐ Personal Property

☐ Human Rights

☐ Insurances: ☐ General Liability

☐ Automobile

☐ Workers' Compensation

☐ Other

☐ Notification of Contract Award signed by contractor/vendor

☐ Reason for delay:

Signature:

Date:

> Department Approval:

Dept. Balance \$ 170,619.63

Date: 1-9-15

☐ Approved ☐ Denied ☐ Insufficient funds ☐ Incomplete/Incorrect forms ☐ Questionable account number

Signature:

Date:

> IDIS: (Consolidated Plan) Signature: Contract Manager must attach copy of IDIS Set-up Form

Date:

> Accounting: Signature:

Date:

• = Copy of form needed for file at these stops, also copy MIS for Federal reporting

NOTIFICATION OF CONTRACT AWARD

P & DD 4434-01

CPO # _____ ORG # 366315
 ACT. PUR. NO: _____

OBJ. CODE/DETAIL: 651147

Name of Program: Homeless Public Service

Location: City of Detroit

Grant Number: _____

Sponsor: City of Detroit

% Minority Sponsorship: _____

CDBG

100%

PRIME or SOLE CONTRACTOR CONTRACTOR

Business Name: _____

Operation Get Down

Principal Owner: _____

Address: _____

10100 Harper, Detroit, MI 48213

Telephone: _____

(313) 921-9422 x221

Internal Revenue Number (If Applicable): _____

Principal Ownership Over 50% (Check One on Each Line):

Black ☒ Hispanic ☐ Amer. Indian ☐ Asian ☐ White ☐

Sex: Male ☒

Female ☐

SUB-CONTRACTOR

Business Name: _____

Principal Owner: _____

Address: _____

Telephone: _____

Internal Revenue Number (If Applicable): _____

Principal Ownership Over 50% (Check One on Each Line):

Black ☐ Hispanic ☐ Amer. Indian ☐ Asian ☐ White ☐

Sex: Male ☐ Female ☐

CONTRACT AWARD

TYPE of CONTRACT: Construction ☒

Service X ☐ Supply ☐

Check Tier: Prime X ☐ Sub ☐

Sub/Sub ☐

Total Dollar Value: \$ 200,000.00

Award Date: _____

January 1, 2015

If Joint Venture, _____

Amount Minority: \$ _____

Amount Majority: \$ _____

This serves as such notification for the above contract.

Shirley Walker
 Preparer's Signature

Date _____

11/5/14

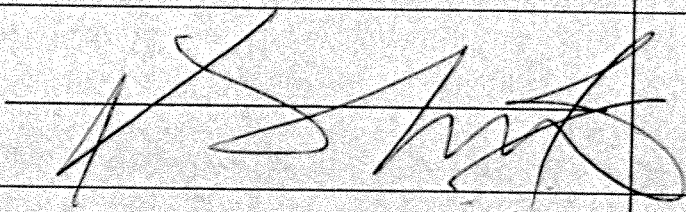
Date to Financial Management _____
Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: Operation Get Down		PDD Division: Development
CPO: 2895698	SPO 2895699	Prepared By: S. O'Neal
Payment #:	Amount:	Date Returned to Submitting Division:
Appropriation #: 11839	Organization #: 366315	Reason Returned:
Object Code: 651147		DRMS BATCH #:
APN:		IDIS Vouchers #:

THIS SECTION BELOW TO BE COMPLETED BY THE FINANACIAL & RESOURCE MANAGEMENT DIV.

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (IF APPLICABLE)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			1/6/15
FINANCIAL MAN. APPROVAL			
IDIS			
IDIS APPROVAL			

Funds Available Inquiry (COD)

Fund	CODAMENDED	Year To Date Extended
Month	JUN-15	ALL
		All

Funds Available (BGL)

Summary

Account	Budget	Encumbrance	Balance	Balance
<input checked="" type="checkbox"/> 2001-366315-000000-651147-1183	116,312.33	0.00	0.00	116,312.33
<input type="checkbox"/> 2001-366315-000795-651147-1183	54,307.30	0.00	0.00	54,307.30
<input type="checkbox"/> 2001-366315-768813-651161-1183	100,000.00	100,000.00	0.00	0.00
<input type="checkbox"/> 2001-366315-776513-651147-1183	3,676.18	3,676.18	0.00	0.00
<input type="checkbox"/> 2001-366315-787614-651147-1183	100,000.00	28,592.11	71,407.89	0.00
<input checked="" type="checkbox"/> BUDC-366315-T-P06200-11839-T	374,295.81	132,268.29	71,407.89	170,619.63
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition	Purchase Order	Other
0.00	0.00	0.00

Account Description

Block Grant-Operation Getdown-DUMMY PROJECT FOR GL-Public Services\Bloc-Operation Get Down-Undefined U

26 1/9/15

CONTRACT # CPO 2895698_____
SPO 2895699_____

☐ Waiver

CHANGE ORDER # 01 Agenda Date _____

DEPARTMENT Planning and Development Department CCR: _____

CONTRACT SYNOPSIS

CONTRACTOR
NAME: Operation GetDown

ADDRESS: 10100 Harper, Detroit, MI 48213

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION Request for Proposal (RFP) # NOF- Public Service
DID THE DEPARTMENT ENGAGE Request for Quotes (RFQ) # _____
IN TO OBTAIN THIS PROFESSIONAL Request for Qualifications (RFQQ) # _____
SERVICE CONTRACT: If there was no competition obtained, explain why:

Annual public Service Neighborhood Opportunity Fun RFP's(applications) are issued in October. City Council budgets awards for specific activities and organizations. This the projects are already earmarked for certain groups and cannot be bid out again

PROJECT: Operation Get Down

Type of Funding and %: 100 % Community Development Block Grant

CONTRACT
AMOUNT: \$200,000.00

CONTRACT
PERIOD: January 1, 2014 thru December 31, 2016.

ADVANCE
PAYMENT N/A

BRIEF
DESCRIPTION: Homeless Services

REASON FOR
DELAY: N/A

01/11/12

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: November 11, 2014 Department: Planning and Development

Dept Head/Contact Person: Shirley Walker Phone No.: 313-224-9948

Description: ^{WDBG} ~~Emergency Solutions Grant~~ Contract No.: _____ PO Type: Prof Svc - CPO Est. Value: \$100,000.

Contract Term (if applicable): October 1, 2014 to December 31, 2016

Funding: City _____% State _____% Federal 100% Other: _____%
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: _____ Required Date: _____

1. Is the product or service ESSENTIAL to department operations? ☒ Yes ☐ No

If "Yes" please explain why: HUD funding to help the Homeless of the City of Detroit.

Consequence of not buying: _____

2. Was the product or service competitively bid? ☒ Yes ☐ No
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:

3. Was a Co-Operative Agreement Considered? ☐ Yes ☐ No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?
☐ Yes Amount \$ _____ ☐ No
Were additional savings requested? (10%) ☐ Yes ☐ No

5. Does the supplier currently provide other goods and services to the City? ☐ Yes ☐ No
If yes please list: _____

6. The business being awarded is NEW CONTRACT
If #6 is a renewal provide justification for renewal: _____
If #6 is a increase/decrease does this represent:

☐ Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)

01/11/12

☐ Change in amount/volume of the good or service to be used (no change in unit price)

7. Is this good/service used by other departments? ☐ Yes ☒ No

If "yes" can this req/par be combined other department requirements.? ☐ Yes ☐ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☐ Yes ☐ No

NOTES:

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Shirley Walker DATE: November 11, 2014

INFORMATION PROVIDED BY: Shirley Walker

TITLE: Principal Development Specialist

PHONE NO.: 313-224-9948

Proposal # 151 Organization Name: Operation Get Down Inc.
 Reviewer Name: S. O'Neal

Summary of Scoring Rules

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

- 5 points: criterion is clearly, directly, and verifiably satisfied
- 4 points: criterion appears to be satisfied
- 3 points: criterion appears to be satisfied but is somewhat lacking in clarity or documentation
- 2 points: criterion is only partially satisfied
- 1 point: criterion is not satisfied
- 0 points: question or questions are incorrectly answered or not answered completely

1.	PS & HPS CRITERIA	Max Points	Score
2.	Meets City Consolidated Plan Priority	5	5
3.	ORGANIZATIONAL INFORMATION		
4.	Unique experiences and qualifications--Org-6.	5	4
5.	Strength of board, including community representation--Org-7 through Org-13.	5	4
6.	Staffing plan to implement program, including appropriate allocation of staff--Org-16.	5	4
7.	MANAGEMENT PLAN		
8.	Application documents clearly establishes project need--MP-3	5	4
9.	Provided a funding action plan for the activity/(ies) you plan on funding --MP-6	5	4
10.	Provided a timing plan for Project/Activity --MP-7	5	4
11.	PROJECT DESCRIPTION		
12.	Project description adequately describes proposed activities and quality of project design--PS-3 or HPS-3	5	3
13.	Project description clearly addresses identified need--PS-4 & PS-5 or HPS-4&5	5	4
14.	Demonstrated community support and collaboration--PS-17, PS-18, PS-19 and support letters or HPS-17, HPS-18, and HPS-19 and support letters	5	4
15.	Facility appropriate to carry out proposed activity, including proof of site control--PS-20 and PS-21 or HPS-20 AND HPS-21	5	4
16.	OUTPUTS AND OUTCOMES		
17.	Clearly identifies and describes past and proposed outputs--Out-1, Out-2, and Out-3.	5	4
18.	Strength of proposed outputs--Out-2, Out-3 and PS-15 or HPS-15.	5	4
19.	Extent demonstrated successful past program outcome/evaluation--Out-4	5	4
20.	Proposed outcomes are identified, reasonable, and measurable--Out-5 and Out-6.	5	4
21.	BUDGET		
22.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDRC funds, etc. --Bud-3 and Bud-6	5	4
23.	Strength of other funding sources-- Bud-9	5	3
24.	Demonstrated acceptable financial management system--Bud-13	5	4
25.	Budget is accurately computed--Bud-14	5	5
26.	Budget is reasonable, necessary, related to proposed activity--Bud-14, Bud-15, and Bud-16.	5	4
27.	TOTAL		80

NOTES:

Date Submitted:

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION: PLANNING & DEVELOPMENT NEIGHBORHOOD SUPPORT SERVICES

Contact: G. PRYOR

Project Manager: S. WALKER

Phone: 313-628-0164

Fax: 313-244-224-2321

Type of Clearance: ☐ New ☐ Renewal (Please submit 30 days prior to submitting bid of expiration date)

A. To: City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 512
Detroit, MI 48226
Fax: (313) 224-4588

For: Individual or
Company Name: OPERATION GET DOWN
Address: 10100 HARPER
DETROIT, MI 48213
Telephone: 313-921-9422 Ext: _____ Fax: _____

A. Name of Chief Financial Officer Authorized Contact Person (Include address if different from above) <u>RODNEY BARNES</u>	Telephone: _____
B. Employer Identification of Social Security Number <u>38-2036469</u>	Spouse Social Security Number _____
Nature of Contract: <u>HOMELESS SERVICES</u>	CONTRACT AMOUNT (If known): <u>LABOR MATERIALS</u>
C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE	

Check One: ☐ Individual ☒ Corporation ☐ Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4

1. Have you filed joint returns with spouse during the last seven (7) years?
(If yes, include spouse SSN above) ☐ YES ☐ NO
2. Are you a student, and or claimed as a dependent on someone else's tax return? ☐ YES ☐ NO
3. Were you employed during the last seven (7) years? ☐ YES ☐ NO
4. Were you a resident of Detroit during the last seven (7) years? ☐ YES ☐ NO

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

5. Is the company a new business in Detroit?
If yes, attach Employer Registration (Form DSS-4) ☐ YES ☐ NO
6. Will the company have employees working in Detroit? ☐ YES ☐ NO
7. Will the company use sub-contractors or independent contractors in Detroit? ☐ YES ☐ NO

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

☒ YES ☐ NO Signature: LAMONT FISHER
INCOME TAX INVESTIGATOR

Date: APR 09 2014 Expires: APR 09 2015
Date: _____ Expires: _____

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT **65 Cadillac Ste 1400**

DATE SENT **1/13/2015** CONTACT PERSON **Clinton Griffin**

PHONE NUMBER **224-9121** FAX NUMBER **628-2064** EMAIL **cgriffin@detroitmi.gov**

CONTRACT AMOUNT **\$150,000.00**

SECTION B: CORPORATION

LICENSE TYPE **N/A**

CORPORATION NAME **Operation Get Down**

ADDRESS **10100 Harper Ave** CITY/STATE/ZIP **DETROIT, MI 48213** OWN

CITY PERSONAL PROPERTY NUMBER **19990329.01** FID / EIN NUMBER **38-2036469**

OTHER CITY-OWNED PROPERTY PARCELS **No knowledge**

CONTACT PERSON **Rodney Brown** PHONE NUMBER **313-921-9422** EMAIL ADDRESS **not available**

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

A: PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME ADDRESS

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

JAN 14 2015

DENIED WITH ATTACHMENTS

DATE

CLEARANCE VALID UNTIL

AUG 30 2015

COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance - Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of the Operation Get Down (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e)

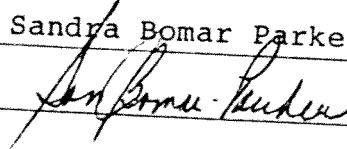
RFQ / PO No. _____

Printed Name of Contractor: Operation Get Down, Inc.
(Type or Print Legibly)


Contractor Address: 10100 Harper Ave., Detroit, MI, 48213
(City) (State) (Zip)

Contractor Phone/E-mail: 313-921-9422 ext 224 / bomarparkerogd@aol.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Sandra Bomar Parker, CEO

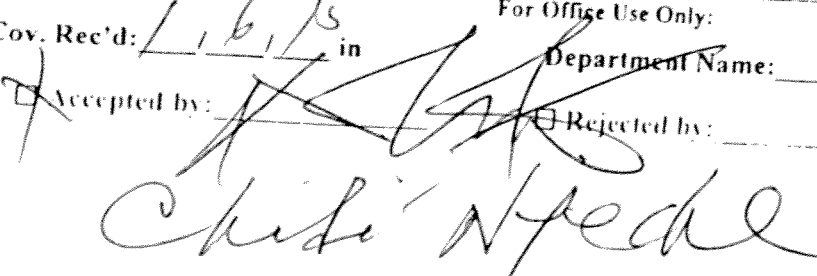
Signature of Authorized Representative: 

Date: 10/23/14

Signature of Notary: 

Printed Name of Seal of Notary: Deborah Ann Powell

My Commission Expires: 7/5/18

Cov. Rec'd: <u>L, b, P</u> in	For Office Use Only:
	Department Name: <u>PDD</u>
<input checked="" type="checkbox"/> Accepted by: <u></u>	<input type="checkbox"/> Rejected by: _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)

10/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Brownrigg Companies, Ltd.
840 West Long Lake Rd Ste 100
Troy, MI 48068
Nancy L. Brownrigg

CONTACT
NAME:
PHONE
(A/C, No, Ext): FAX
(A/C, No):
E-MAIL
ADDRESS:
PRODUCER
CUSTOMER ID #: OPERA-3

INSURED
Operation Get Down Community
Resource Project, Inc.
10100 Harper Ave.
Detroit, MI 48213

INSURER(S) AFFORDING COVERAGE

INSURER A	NAIC #
First Nonprofit Insurance Co.	
INSURER B: Accident Fund Companies	10166
INSURER C: HSAWCF	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Misconduct <input checked="" type="checkbox"/> Profess#LP7739461 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		NPP1001928 00 \$500,000/\$500,000 \$1,000,000/\$3,000,000	11/01/2014	11/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Empty Ben \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS A <input checked="" type="checkbox"/> HIRED AUTOS A <input checked="" type="checkbox"/> NON-OWNED AUTOS A <input checked="" type="checkbox"/> Comprehensive \$1,000 DEDUCTIBLE		NCA1001929 00	11/01/2014	11/01/2015	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		13202	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 Limit 100,000
A	Employee Dishonesty		NPP1001928 00	11/01/2014	11/01/2015	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Detroit is named as additional insured as respects to the General Liability policy. The City of Detroit will be provided with a 10 day written notice before a policy is cancelled.

CERTIFICATE HOLDER

DETR-10

City of Detroit Planning & Dev
Dept. Neighborhood Support
Services
65 Cadillac Square Ste. 1400
Detroit, MI 48226

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Nancy L. Brownrigg



CERTIFICATE OF LIABILITY INSURANCE

OPERA-3

OP ID: TR

DATE (MM/DD/YYYY)

12/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Nancy L. Brownrigg		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):			
INSURED Operation Get Down Community Resource Project, Inc. 10100 Harper Ave. Detroit, MI 48213		INSURER(S) AFFORDING COVERAGE				NAIC #	
		INSURER A: HSAWCF					
		INSURER B:					
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		HM202	01/01/2015	01/01/2016	<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ 500,000													
E.L. DISEASE - EA EMPLOYEE	\$ 500,000													
E.L. DISEASE - POLICY LIMIT	\$ 500,000													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

OPERG-1

Operation Get Down
10100 Harper Ave.
Detroit, MI 48213

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Nancy L. Brownrigg

Hiring Policy Compliance Affidavit

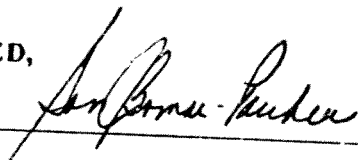
I, Sandra Bomar Parker being duly sworn, state that I am the CEO

Title of Operation Get Down, Inc.
Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,



Title: CEO Date: 10/23/14

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 23 day of Oct, 2014,
by Deborah Ann Powell

Notary Public, County of Wayne

State of Michigan

My commission expires: 7/5/18

Hiring Policy Compliance

Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

OPERATION GET DOWN, INC.

10100 Harper Avenue, Detroit, MI 48213
313-921-9422 * 313-571-9022 fax

Application For Employment

Notice to Applicant: one of the most important steps in your application is to complete accurately those sections of this form pertaining to your qualifications. Should you join Operation Get Down staff, the information you give here will become a part of your record and will be used for statistical purposes.

PERSONAL DATA

Last Name		First	Middle	Soc. Sec. No.
Street Address				Phone No.
City		State		Zip Code
Citizen of USA? ____ Yes ____ No		If No, does your visa allow you to work in the USA? ____ Yes ____ No		Visa Type
Person to contact in case of emergency				Phone No.
How did you become aware of this position?				
Type of employment you are seeking ____ Full Time ____ Part Time ____ Either		If part-time, hours you would be available between 7 a.m. - 10 p.m. What position are you applying for?		Shift Preference

EDUCATION

High School / GED or Equivalent

Name of School	City	State	Date Diploma or Certificate
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VOCATIONAL / TECHNICAL TRAINING (Business, Industrial, Military, Etc.)

Name of School	Date Last Attended	Description of Training
City	State	
Name of School	Date Last Attended	Description of Training
City	State	

COLLEGE / UNIVERSITY

Name and Location of College	Dates Attended		Major Grade Point Average	Minor Cumulative GPA
	To	From		
Graduate				

Former Operation Get Down Employee ____ Yes ____ No	If yes, state position	Dates Employed From To
Are you able to fully perform all of the functions of the job for which you wish to be considered? ____ Yes ____ No If No, Explain		

MILITARY SERVICE - PRESENT STATUS

Branch of Service	Rank or Rate	Type of Duty	Years

CERTIFICATE OR LICENSE HELD

Type of Certificate	State	Date of Issue	Expires

EXPERIENCE

List present and all past work experience, beginning with your most recent employment.

1

Name and full address of school or company	Employment dates	
	From	To
	Name and title of supervisor	
Position	Telephone number	
Description of duties	Full Time	Part time

2

Name and full address of school or company	Employment dates	
	From	To
	Name and title of supervisor	
Position	Telephone number	
Description of duties	Full Time	Part time

3

Name and full address of school or company	Employment dates	
	From	To
	Name and title of supervisor	
Position	Telephone number	
Description of duties	Full Time	Part time

4

Name and full address of school or company	Employment dates	
	From	To
	Name and title of supervisor	
Position	Telephone number	
Description of duties	Full Time	Part time

May we contact your present employer? _____ Yes _____ No

Add any information which you believe will assist Operation Get Down in arriving at a true estimate of your qualifications.

REFERENCES

List at least three references that may be contacted regarding your character and your work experience

Name	Address	Phone	Business Profession and Title

I agree to comply with the policies, rules and regulations of Operation Get Down as appropriate. I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that supplying false information may be sufficient cause for termination. Furthermore, I understand that my employment with Operation Get Down is contingent upon:

1. the successful completion of an application and reference review.
2. submission of a social security card, official transcripts, W-4 forms and personal identification which meets the requirements of the Immigration and Naturalization Act (I-9).
3. credential review and certification.
4. written vocational approval, and/or documentation of two years of hands-on, recent and relevant experience, if applicable.

Signature of Applicant _____

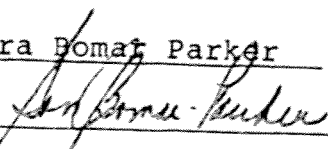
Date _____

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

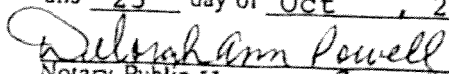
CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Sandra Bomar Parker
2. Address of Contractor: 10100 Harper Avenue, Detroit, MI 48213

3. Name of Predecessor Entities (if any): none

4. Prior Affidavit submission? X No ____ Yes, on: _____
(Date of prior submission)
If "No", complete Items 5 and 6.
If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5. X Contractor was established in 1971 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- ____ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- ____ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.
- Sandra Bomar Parker (Printed Name) CEO (Title)
 (Signature) 10/23/14 (Date)

Subscribed and sworn to before me
this 23 day of Oct, 2014


Notary Public, Wayne County, Michigan
My Commission expires: 7/05/18